Group Cognitive Behavioural Therapy for Adolescents Struggling with Anxiety: The Manual

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**Rationale**

Anxiety disorders are the most commonly diagnosed psychological disorders and mental health concern occurring in 5% to 19% of all adolescents (James, James, Cowdrey, Soler, & Choke, 2018). Berk (2011) states that adolescence is the time period marked by a great deal of transitions from the ages of 13 to 18 years of old. La Greca and Ranta (2015) argue that the transition periods of adolescence include an increase of new social and emotional functioning, however, the novelty brings uncertainty, failure, and distress. High school students, aged 14 to 18, are faced with many concerns and questions regarding their future after high school. Many adolescent students suffer from Generalized Anxiety Disorder (GAD), which is characterized in the *Diagnostic and Statistical Manual* (DSM-IV-TR), as excessive worry or anxiety, restlessness, irritability, sleep problems, and difficulty concentrating (American Psychiatric Association, 2013). Furthermore, adolescents that are diagnosed with GAD suffer from chronic, excessive worry in areas such as homework, tests, and assignments, social interactions, difficulty controlling worries, and perfectionistic seeking (Connolly, Suarez, & Sylvester, 2011). Adolescents with an anxiety disorders are more likely to also suffer from depression, eating disorders, attention deficit disorders (Kumara & Kumar, 2016). If adolescents are left untreated, they may face numerous risks such as, poorer academic results, avoidance of social activities, and substance abuse problems (Kumara & Kumar, 2016). It is clear that anxiety disorders in this age group present serious health, emotional, and social problems. Early identification and effective treatments may reduce the impact of anxiety and decrease the persistence in adulthood (Connolly & Bernstein, 2007). It is extremely important to address these concerns as soon as possible. Cognitive behavioural therapy (CBT) is recommend as the first line of treatment and the most studied psychological treatment for anxiety disorders in adolescents (Arendt, Thastum, & Hougaard, 2015). In addition, cognitive behavioural group therapy (CBGT) versus traditional individual therapy functions positively as a source of reinforcement, normalization, and peer modeling (Liber, Widenfelt, Utens, Ferdinand, Van der Leeden, Van Gastel, & Treffers, 2008). Liber et al. (2008) argue that group treatment offers a more accurate representation of daily life experiences and social situations in a group format and are considered cost effective. Given the prevalence of adolescent anxiety and the consequences if left untreated, it would be extremely valuable to conduct a group on this topic with adolescents aged 14 to 18. This group will take place at a local high school and will focus on psychoeducation, somatic management skills, cognitive restructuring strategies in anxiety-provoking situations, developing coping strategies, behaviour exposure training, and relapse and prevention plans. Further details pertaining to these strategies will be discussed later in depth, as well as group membership, structure, and ethical issues.

**Theoretical Approach**

**Cognitive Behavioural Therapy**

As mentioned, currently CBT is the most popular and studied psychological treatment for anxiety disorders in adolescents (Arendt, Thastum, & Hougaard, 2015). Cognitive behavioural therapy combines both cognitive and behavioural principles and methods which has generated more empirical research and treatments for anxiety than any other psychotherapy model (Corey, 2011). Techniques used are primarily focused on altering errors in information processing and adjusting core beliefs that permit dysfunctional cognitions and replacing them with more adaptative ones (Beck & Weishaar, 2014). Treatment involves and education and a variety of cognitive and behavioural techniques that support the effectiveness of treating anxiety in CBT. Those suffering from anxiety often commit logical errors that tilt objective reality in the direction of self-deprecation (Corey, 2013). Cognitive restructuring techniques assist clients in identifying the validity of their cognitions (Beck & Dozois, 2010). Cognitive distortions such as, drawing conclusions without evidence (arbitrary inferences), forming conclusions based on an isolated event (selective abstraction), and holding extreme beliefs a single event (overgeneralization), and many more distortions will be covered in the therapeutic sessions. These automatic thoughts can be tested in therapy by direct evidence and analysis. Using behavioural techniques, counselors help clients modify automatic thoughts and assumptions by using behavioural experiments to challenge dysfunctional cognitions and modify beliefs (Beck & Weishaar, 2014). For example, a client may have faulty beliefs and cognitions that they can not carry on a conversation well, so behavioural experiments will allow client to think in a more objective, realistic way (Beck & Weishaar, 2014). Behavioural treatments involve education on a variety of strategies and experiments such as relaxation training, social skills training, homework, role playing, modeling, journaling, and many more strategies will be covered in the therapeutic sessions.

**Cognitive Behavioural Group Therapy**

Cognitive behavioural group therapy is the chosen intervention used for conducing therapy to adolescents suffering from anxiety because of its many established benefits. Research shows that CGBT is an effective treatment for adolescents with mood and anxiety disorders as group therapy alleviates the stigma around mental illness (David-Ferdon & Kaslow, 2008). Conducting CBGT offers adolescents the opportunity to be exposed to peer modeling and most importantly social support, as many adolescents tend to shy away from reaching out to their peers and this gives them one of the best resources for success (Wergeland et al., 2014). Practical reasons also play into effect for choosing CBGT as you can treat more clients at once in a cost-efficient manner (Wergeland et al., 2014; Liber et al., 2008). In a controlled trial using GCBT with youth ages 8-15, (Wergeland et al. 2014) found that 20.5% of those treated were free of all anxiety disorders and 69.6% were free of at least one anxiety disorder. In the same trial, in a one-year follow-up found that 40.9% were free of all anxiety disorders and 75.7% were free of at least one anxiety disorder. In another controlled trial using CBGT, youth children and youth aged 8-12 years found that 41% of participants post treatment no longer met any criteria for an anxiety disorder and 54% no longer met the criteria for their primary disorder (Liber et al., 2008). Finally, in a similar trial, with children aged 8-12 years, found that greater gains were made with children suffering from GAD, compared to those with social phobia and obsessive-compulsive disorder (Manassis et al. 2002). Even though studies and research show the same efficiency and success rates for individual and GCBT in all three of the trials mentioned above, Kotter & Englar-Carlson (2015) argue that people often learn best in groups though interacting with others, observing others through modeling, and most importantly the benefits of connecting with others and the closeness you gain is vital for success.

**Leadership Style**

A positive and supporting relationship is necessary for effective therapy (Truscott, 2010). In order to facilitate a group with anxious adolescents I would adopt a collaborative approach to therapy. Cognitive behavioural therapists are interactive with clients, as they strive to engage clients’ active participation and collaboration throughout therapy (Corey, 2013). To maintain collaboration, the therapist receives feedback from the clients and clients are expected to bring up topics to explore and both collaborate on homework assignments they agree to carry out (Beck & Weishaar, 2014). Aaron Beck, the founding father of Cognitive therapy (CT), emphasized the quality of the therapeutic relationship, which rests on a number of desirable characteristics, such as genuine warmth, empathic understanding, acceptance, and the ability to establish trust and rapport are viewed as necessary for effective therapy (Corey, 2013). In addition, my leadership style will also demonstrate my patience and the value of trust. Kotter & Englar-Carlson (2015) argue that creating an atmosphere of safety, trust, and warmth, clients are more likely to come to group every week when they feel that the group is cohesive and trusting.

**Group Goals, Objectives, Session Themes, and Evaluation**

This section is located on page 15 under Appendix A: Group Goals, Objectives, Themes, and Evaluation.

**Group Membership and Structure of the Group**

**Pre-Screening**

Prior to the beginning of group, it is essential that leaders pre-screen participants to make sure they are good candidates for group. Kottler & Englar-Carlson (2015) argue that a successful group outcome is forecasted by the leader’s ability to formulate and assemble the participants for a good working group. Once applications are submitted I would first start my inclusion process. Members must be between the ages of 14 and 18 and attend St. Mary’s High School as a full-time student. Research shows that comorbidities are common in adolescents with GAD, such depression, substance abuse, social phobia (SOP), and suicidal behaviours (James, James, Cowdrey, Soler, & Choke, 2018). Thus, it would be unreasonable to have only members with a diagnosis of GAS however, members would require primary diagnoses of the DSM-IV moderate to severe generalized anxiety disorder and that the severity of GAD be greater than a secondary diagnosis. As my first step I would schedule a 30-minute interview with each prospective member to determine goodness of fit using the Anxiety Disorders Interview Schedule for Children (ADIS-C). This is a structured interview designed for children and adolescents to assess current episodes of anxiety disorders (Connolly & Bernstein, 2007). Students would be included if they received a 4 or higher on the 8-point severity scale in this interview. I have confirmed that there is a copy of this interview at St. Mary’s High School.

Furthermore, I would have students complete the Spence Children’s Anxiety Scale (SCAS) to assess adolescent anxiety. This scale is used to assess the severity of child and adolescent anxiety which is composed of 38 questions, rated on a 4-point scale, yielding a maximum score of 114 (Wergeland et al. 2014). Students would be included if they received a score higher than 76. This questionnaire can be found and downloaded online for free. Exclusion criteria for this group includes, complex mental health problems such as psychosis, post-traumatic stress disorder (PTSD), conduct disorder, and active suicidality. Secondly excluded will be those with severe attention deficit disorder with hyperactivity (ADHD) that is not well controlled. Thirdly, those medicated with an anxiolytic or antidepressant for less than two months (Swain et al. 2013). Finally, those who are currently enrolled in GCBT or those who have had GCBT in the past will be excluded from this particular group.

**Group Composition**

In order to establish cohesion, support, and a sense of belonging in the group, this group will be a closed homogeneous group. Kottler and Englar-Carlson (2015) argue that homogenous groups tend to be better off than mixed groups as the cohesion fares better and cohesiveness is a key foundational quality. A closed, homogenous group is a critical factor in the success of this group because members start to develop trust in one another as they all have the same diagnosis and letting new members in the group after the first session would prove to be detrimental to the groups cohesive and disrupt the trust that has been built. Furthermore, Kottler & Englar-Carlson (2015) state that homogeneous groups are easier to market and get going.

**Group Size**

Research shows that adolescents tend to work best in smaller groups to allow for the feeling of intimacy and familiarity (Berg, Landreth, & Fall, 2013). A group size of six to eight members tend to work best because its an efficient way to learn from others experiencing anxiety and to be able to share your own concerns. This way the group can be well organized where the goal is for everyone to share and not have one or two people dominate (Norton, 2012). Finally, Kottler & Englar-Carlson (2015) state that by keeping the group number from six to eight members the leader can manage and run group smoother and more effective. Therefore, my group will consist of six to eight members.

**Location**

Group will be located at St. Mary’s High School in the River Room. This therapeutic room was built facing the Elbow river to promote relaxation and wellness. The room consists of two couches, ten ergonomically correct office chairs and a round table. Research shows that providing mental health treatment to students within their school has an overwhelming success rate. Masia-Warner et al. (2005) argue that school provide unparalleled assess to youth which the majority of students can be reached as school programs reduce barriers to treatment such as the cost and transportation. Furthermore, schools provide a real-life exposure to commonly avoided situations such as, speaking in class, writing tests, and interacting with unfamiliar peers (Masia-Warner et al., 2005) Finally, Barrett, Lock and Farrell (2005) argue that one major advantage of school-based interventions is that it reduces the stigma of mental health, enhances peer support, and reduces psychosocial difficulties in the classroom.

**Frequency, Duration, and Length of Group**

Group will take place every Wednesday from 3:45 to 5:15 (90 min) each time and will last six weeks. Connolly, Suarez, and Sylvester (2011) argue that treating adolescents suffering from anxiety with CBT is just as effective when comparing short sessions (10 or less) verses long-term treatments. Furthermore, research on youth GCBT (ages 8-15) state that group therapy is sufficient and successful with group lasting 90 minutes as everyone can share and pay attention long enough to take in all the information (Wergeland et al., 2014).

**Ethical Issues**

I have taken every precaution to ensure this group is conducted in a safe, ethical manner. First of all, prior to group beginning it is necessary to screen prospective group members to determine if this is an appropriate fit (Kottler & Englar-Carlson, 2015). Upon screening and selecting my members, I would gain informed content from all participants. Consent is based on the ethical principle of respect for the dignity of persons (Truscott, 2013). It is crucial that both parties, guardian / student, understand what they are signing as most students in high school are minors. (CPA, 2017). In addition, under the Standards of Practice in Counselling Relationships, B.4 Client’s Rights and Informed Consent, states that it is the counselor’s responsibility to obtain informed consent when providing services to a minor such as, informing the clients on goals, techniques and purposes of counselling and making sure clients understand the limits of confidentiality (CCPA, 2008). If students under the age of 18 wanted to participate in group without their parents consent I would asses the students cognitive and intellectual capacity by performing a Global Assessment of Relational Functioning (GARF). This is used to indicate overall judgement of the functioning of the minor (American Psychiatric Association, 2013).

Kottler and Englar-Carlson (2015) argue that confidentiality is essential in group work and although I cannot guarantee it I will strive to ensure confidentiality is protected by educating members of its importance. Confidentiality is based on the ethical principle of respect and dignity and is central to trusting relationship and is optimal for potential growth (CPA, 2017). I will get members to sign a confidentiality agreement that states that they are not allowed to discuss anything that is said in group or discuss anyone as well.

**Diversity Issues**

I will always strive to be sensitive to all cultural believes and values and attempt to become a culturally competent, well rounded group leader. To become a culturally group leader I will first become aware of my own worldviews, biases, and values. I will also attempt to understand my students worldviews (Sue & Sue, 2016). During the screening process I will ask my group members to fill out how they identity themselves culturally, sexually, and ethically, only to gain a full understanding of their background before I start group. Race, sexuality, gender, or religion will have no impact on how I chose to be in the group, only the inclusion assessments are stated in the pre-screening section. Understanding a client’s background, their beliefs, values and attitudes are a crucial factor in the therapeutic process (Corey, 2011). CBT does not intend to change the beliefs of diverse as it’s goal is to help the individual examine their own beliefs and change any cognitive distortions they may exhibit (Beck & Weishaar, 2014). Furthermore, I will be open and honest with my group and recognize my limitations if necessary when working with a culturally diverse group. I will attempt to ensure that my group is run in a safe, nonjudgmental, diverse manner that includes all opinions and ideas and excludes any hostility directed towards any member or myself.

**Conclusion**

This group proposes the framework for treatment of adolescent GAD using GCBT. As adolescent anxiety is common and, on the rise, this group is a strives to decrease anxiety and promoting well-being. This six-session group will focus on education, cognitive and behavioural coping strategies and techniques.

**The Manual**

This manual is designed to guide facilitation of the Cognitive Behavioural Therapy for adolescents struggling with generalized anxiety group. The outlined sessions offer a step-by-step breakdown on how to facilitate CBT with adolescents. However, the sessions are meant to guide the group and facilitator but can be changed or manipulated if needed to best fit the structure of the group. Group dynamics will vary with every group and as this manual serves only as a guide, strict adherence to the session outlines is not necessary. Sessions 1, 2 and 4 will be explained in detail and *italics* will be used for facilitator dialogue and example dialogue. Sessions 3, 5 and 6 will be included with a breakdown offered of how to run these sessions.

**Pre-Screening Session**

**Purpose**

Prior to the beginning of group, it is essential that leaders pre-screen participants to make sure they are good candidates for group. Kottler and Englar-Carlson (2015) argue that a successful group outcome is forecasted by the leader’s ability to formulate and assemble the participants for a good working group.

**Process**

1. Pre-screening will take place in person, individually for approximately 60 minutes. As my first step I would schedule a 30-minute interview with each prospective member to determine goodness of fit using the Anxiety Disorders Interview Schedule for Children (ADIS-C). This is a structured interview designed for children and adolescents to assess current episodes of anxiety disorders (Connolly & Bernstein, 2007).
2. I would have students complete the Spence Children’s Anxiety Scale (SCAS) to assess adolescent anxiety. This scale is used to assess the severity of child and adolescent anxiety which is composed of 45 questions, rated on a 4-point scale (Wergeland et al. 2014) (Appendix E). This questionnaire will also be filled out in the final session.
3. Participants will be asked to fill in a pre-screening questionnaire (Appendix D).
4. Lastly, participants and I will go over the informed consent form that is required if they are accepted into group (Appendix B)

**Evaluation**

All answers will be recorded and analyzed to determine appropriate fitness into the group. Following a brief period of reflection and analyzing results, participants will be notified of their acceptance into the group.

**Session 1 (90 minutes)**

**Introduction to Group and Cognitive Behavioural Therapy**

This session is designed to introduce participants, set ground rules and expectations, such as attendance and confidentiality. Participants will also learn that their thoughts, emotions, and behaviours are all connected. Participants are encouraged to share in open discussion but it is not mandatory as this is the first group session and participants may feel too nervous or anxious to share. As CBT as a lot of handouts, each participant will be given a folder for in session work and homework.

**Session Goal:** To introduce group participants to each other, and to CBT and what it encompasses. Participants will learn how to recognize anxious feelings and somatic reactions and recognize how they influence our mood (Kumara & Kumar, 2016)

**Session Objective:** Participants will understand the basic principles of CBT, identify their coping / safety strategies and identify how their anxiety has affected them mentally, behaviourally, and physically (Kumara & Kumar, 2016).

**Session Materials:**

* White Board
* White Board Markers
* Handouts (see Appendix)
* Pens/ Pencils/Markers
* Folders for participants
* Snack

**Agenda:**

1. Welcome and outline
2. Ice Breaker
3. Rules and expectations
4. Learning Component and Activity
5. Break
6. Learning Component and Activity
7. Explain Homework
8. Goodbyes

**Welcome and outline for the session (10 minutes)**

Prior to arrival, the room should be set up with chairs around the round table. Allow participants to choose where they sit. When everyone has arrived, reintroduce yourself, welcome the group and begin.

*Hello again everyone and welcome to our first group session. My name is Kelly and I used to be a full time teacher at St. Mary’s and now I am guest teaching here and I am really excited to be back at St. Mary’s running this group. First of all, I want to thank everyone for coming in today. I know it is not easy coming into a group, especially if you do not know anyone, but I am very grateful that we can experience this group together. To start off I want to remind everyone that group is every Wednesday at 3:45, please let me know in advance if you will be late or unable to attend. Although attendance is necessary, I know things can pop up in life, but I hope this group is your first priority. If you have appointments please check with your parents or guardians to see if you can change them. I want you all to want to come to group and look forward to it. I want this group to be a safe place for us to share and discuss anything. If anything upsets you or if you need to take some space, please feel free to take a break and leave the room but please nod to me as you feel for me to know that you are alright and just need a minute or so to yourself. I will always stay after group for at least 15 minutes, so we can chat then too. Since we will be sharing very personal thoughts and stories and will deal with emotional and hard topics, this brings up the topic of confidentiality. Now I know that you have all signed an agreement not to share or disclose anything that is said in group but it is absolutely crucial that you do not share anyone’s story or disclose to anyone else who is in group. We all go to the same school and will see each other in the hallways but please keep anything group related to yourself. There are certain things that I cannot keep confidential as stated in the consent form. If you are suicidal or self-harming, taking part in illegal activity, or disclose abuse or neglect, I have a legal obligation to tell your guardian(s) or call Child and Family Services. Does everyone understand? I think this group will be a lot of fun and very beneficial to everyone here. Although, of course it is not mandatory to share in discussions, I strongly encourage it as this group is to benefit you, and believe me I do not want to hear myself talking for 90 minutes and I bet you don’t want that either. However, we are taking part in an activity and you really don’t want to share please say pass and we will move on to the next person. We will start every session with an ice breaker activity just for fun and I think they are a great relaxed way to start a session. I will always write the agenda on the white board. Most sessions will be organized with an ice breaker to start, a learning component, an activity or two, group discussions and a goodbye. I am very open to feedback if you guys have any questions or concerns, you all have my email address to write me or again I can always chat after sessions. Alright to start I will hand out two things right now, a name tag and a folder filled with handouts that we will work with today. Please write your name on the handout with one of the markers on the table. Once you are done writing your name, put the name tag in front of you and then we will go around the circle and share our name, , grade and two things about yourself. I will start. My name is Kelly, I am a teacher, and two things about myself... well I really love hot yoga and playing field hockey. Now let’s continue.*

**Ice Breaker Activity (10 minutes)**

Each participant will have a copy of the “IF” ice breaker in their folder (Appendix F). The facilitator will explain that there are 10 “if” questions on the sheet and each participant will answer 2 out of 10 questions and explain why they chose their answer. For example:

*Facilitator: Please go into the folder and take out the sheet called “The IF Icebreaker.”You will see that this folder has a list of 10 “if” questions. I want you to pick 2, write your answer beside and explain why you chose your answer and then we will go around in a circle and share. I can start with an example. I chose question 1. “If you could go anywhere in the world where would you go?” I would go to Peru because I have never been to South America and would love to hike Machu Picchu. Now I will give you all a couple minutes to look over the questions and choose your 2 answers. – Sarah can you start?*

*Sarah: Sure. First I choose question 3, “If you could meet any celebrity who would it be?” I chose Taylor Swift because I love her music and lastly I choose question 8, “If you could have your dream job what would it be?” I would be a Veterinarian because I love animals and I like my science classes.*

*Facilitator: Great Sarah, thank you. I love Taylor Swift too. Rob, it’s your turn.*

**Rules and Expectations (5-10 minutes)**

The facilitator will put the group in a group of 2 and each group will come up with a rule or expectation that will be recorded on the white board. This will be displayed left on the board for all upcoming sessions. The facilitator will give the group a few minutes to think about expectations that they will share. For example:

*Facilitator: We are now going to come up with some rules and expectations that we will follow for the next 6 weeks. In a group of 2 (facilitator makes groups) please think of a rule or expectation you and your peers will follow. This can be similar to class rules as well. – OK, Kate and Nick can you please share a rule or expectation with us?*

*Kate: I think everyone should raise their hand if they have something to say and not interrupt when one person is talking.*

*Facilitator: OK, great. So we will say please be respectful and wait your turn to share and do not interrupt when a group member is sharing. Does everyone agree? Shawn and Olivia can you please share yours next?*

**Learning Component (What is CBT) and Activity: What is CBT and the connections to everyday life (20-25 minutes)**

The facilitator will first put on a YouTube video on CBT. Then will again describe what CBT is and how it can be used daily to help with anxiety through teaching how our thoughts affect our feelings and behaviours. These information sheets can all be found in Appendix G. For example:

*Alright everyone, we are going to get started and learn about Cognitive Behavioural Therapy (CBT). First off, I am going to show this 3 minute YouTube Clip which does a nice job explaining what CBT is.*

**Play Clip:** <https://www.youtube.com/watch?v=9c_Bv_FBE-c>

*This video clip I think does a great job introducing CBT. We learned that this type of therapy combines examining the things we think (our cognitions) and examines the things we do (our behaviours). So we learned that the way we think about situations affects the way we feel and behave and how our thoughts affect feelings and behaviours. CBT teaches many coping skills for how to deal with different problems, which we will work on over the next 6 weeks. The video also mentions that the way we cope isn’t always the best, such as avoiding problems in our lives. We will also discuss this today as well. I will now handout a couple sheets on CBT and avoidance as well.*

**The facilitator will now hand out sheets on CBT and will read to group. (Appendix G)**

*Facilitator: Ok everyone, I will begin to read our introduction on Cognitive Behavioural Therapy. Cognitive behavioural therapy is an evidence based theory that maintains that people respond to life events through a combination of cognitive (thoughts), affective (feelings), motivational, and behavioural responses.*

*It is based on the idea that the way people make sense of their situations influences how we behave and feel emotionally.*

*When we misperceive situations – for example, by seeing them more negatively then they really are – we make ourselves anxious or unhappy for no good reason. Misinterpretations of situations or sensations and negative expectations make just anxious without serving any useful function. In contract, by seeing situations more objectively and rationally, we experience a substantial shift in thinking, mood, and behaviour.*

*In anxiety, there is a cognitive shift towards selectively interrupting themes of danger.*

*People’s thoughts are tested as a hypothesis*

*The goal of therapy is to help people identify unhelpful thought processes and to learn new ways of thinking.*

*The basic premise of CBT is:*

* *What you think (cognitive)*
* *Determines how you feel (both physically and emotionally)*
* *Which affects what you do (the behavioural part)*

*The model creates a circle affect which is all connected. As you can see the model below shows how our thoughts, feelings, and behaviours are all connected.*

*Now if you turn the page over we now have the definition of CBT, let’s try and get you to do something that will give you a better idea of the effect of cognitions.*

*Let’s work on these two example questions I have you all. We will all complete this page and for this activity you do not have to share for this part of the activity, but I will be reading your answers as your booklets will stay with me.*

**Facilitator will read worksheet to students. Give them approximately 10 minutes to complete sheet. Between each section of questions, give time for thinking and writing.**

*Think of a situation recently where things didn’t go so well for you. Perhaps you made a mistake on a test, had a disagreement with a friend, or forgot missed that last shot on net on your sports team. Write down below what you recall of the thoughts you had about this time. For example, “I am never going to do well at chemistry”, “No one ever sees my side of the story”, “Everyone thinks I suck. Why am I even on this team?”*

*How did these thoughts make you feel? Sad, frustrated, depressed? What about physically? Did you feel your heart rate go up? Did you feel tired or drained? Did you start to sweat?*

*What did you do as a result of this situation? Did you skip class or avoid your friend or teammates?*

**Once they this complete this section, facilitator will read and finish the last section.**

*Now think of a situation that was a happy one. Perhaps you achieved something you had been working on, received an award or compliment, or enjoyed a social event. Again write down your thoughts about this situation as you recall them. For example, perhaps you thought you were smart for achieving this goal, or that you are a funny person and that people like to be around you, or life was good being around good people.*

*How did these thoughts make you feel? Happy, excited, joyful? Again physically – energized, sense of calmness in your body?*

*Write down any behaviours during this time? Did you chat with more people at this social event? Did you study and ask more questions for future tests?*

*What connection can you make between thought, feelings and actions?*

*So, I will know read the section of understanding the connections and then we will have a short 5 minute break. When you take a closer look at your thinking it becomes easier to see that if your thoughts are negative then how you feel will also be negative. You might notice unpleasant physical symptoms, such as, sweating, shortness of breath, red, flushed face, or feeling of tiredness and you may have negatively reacted as well, such as avoidance, procrastination, distraction with games, phone or TV, or using drugs or alcohol.*

*However, if you had positive, happy thoughts about an event or situation you most likely felt, cheerful, upbeat, and physically energized, and exhibited positive behaviours, such as enrolling in another class because of felt confident in your ability, joined a club or sport, or socialized with someone new or something as simple as smiling or laughing.*

*You can put your sheet back in your booklet and we will now take a 5 minute break. Feel free to stay in the room as well.*

**Break (5 minutes)** Time to use the washroom, have a snack provided (granola bar) or relax.

**Learning Component (Safety Behaviours) and Activity: What are safety behaviours and how we use them (10-15 minutes)**

The facilitator will discuss how when we experience anxiety we will avoid certain situations (safety behaviours) and the impact avoidance has long term. We will read Connecting in Graphical Terms (Appendix G), Safety Behaviours and Common Safety Behaviours (Appendix G), and the facilitator will ask members if any of them have used safety behaviours before. For example:

*Facilitator: Welcome back everyone. I hope you had a good little break and now we will continue on. So, we just discussed the connections between our thoughts, feelings, and behaviours and I would like to you turn to turn to the next page in your booklet called Connections in Graphical Terms.*

**Review Connecting in Graphical Terms**

*Here you can see that our negative thoughts, emotions, and behaviours can lead to negative outcomes. What you think all think that means from our last activity? Yes Sarah?*

*Sarah: Like when we skip school because of a test or assignment?*

*Facilitator: Exactly! No learning really takes place because the negative outcome is that we are trying to reduce our anxiety but this threat will reappear, you have to write the test at some point and this outcome will repeat itself if you continue to skip class.*

*So I would like to talk about Safety Behaviours now. Please turn to the next page called Safety Behaviours and follow along.*

**Read Safety Behaviour Sheet**

*Safety behaviours are chosen actions that are carried out to protect yourself from the emotion of fear, and the catastrophes you worry about.*

*Safety behaviours are compelling because they provide you with immediate benefits. They reduce the feeling of danger in the short term. For example, with anxiety, an invitation to go to a party with a new group of friends may sound fun but the fear of not knowing anyone or standing alone may cause you to decline the invitation, thereby avoiding (safety behaviour) all perceived threats that come with it, and feel better. If you decide to go to the party, you might take precautions (safety behaviours). You could go to the party, and be on your phone the whole time and not engage in any conversation, hide in the washroom, or smoke weed or drink alcohol to loosen up.*

*There are two types of safety behaviours: avoidant and approach. With avoidant safety behaviours, you are avoiding or delaying fear. This coping behaviour is very appealing because you get an immediate decrease of anxiety. With approach safety behaviours, you engage in the anxiety provoking situation, but you use strategies that prevent you from learning how to deal with your anxiety.*

*The problem with safety behaviours is that you never learn anything. You never learn whether the situation will actually cause you harm. You never learn to tolerate uncertainty. You never learn to trust your judgment.*

*Using safety behaviours causes you to avoid or reduce the threat, reduce anxiety, while no learning takes place, and before you know it the threat reappears and this repeats itself.*

**Read Common Safety Behaviours Sheet**

*Avoidance: Situational: Staying away from activities, places, or people and things that trigger your anxiety. Cognitive: Suppressing thoughts or memories with fantasies, binging on TV or video games or drugs and alcohol.*

*Excessive reassurance seeking: Seeking approval or getting opinions is excessive – as in asking multiple times in order to counteract the anxiety that your worry generates.*

*Procrastination: Putting off a feared experience as a way to delay worrying.*

*Checking and Double-checking: Constantly checking to feel less anxious – for example, checking to see if someone is OK, or checking to see if the door is locked.*

*Perfectionism: Eliminating uncertainty and mistakes by doing everything flawlessly and overworking to avoid errors.*

*Drugs/ alcohol/other medications: Using drugs or alcohol to try and mute anxiety.*

**Ask members if they have used any of these behaviours to reduce anxiety.**

*Facilitator: Now I am curious, have any of you used these safety behaviours before? Oh yes Derek.*

*Derek: I have smoked weed so I don’t have to think about stressful things.*

*Facilitator: OK. Yes that is one example. Thank you for sharing. Anyone else?*

**Homework Explanation (5-10 minutes)**

Hand out homework sheets to members and explain how to fill out the chart. Facilitator can provide an example so members know what you are expecting. For example:

*Alright everyone I will be handing out a CBT Homework Sheet for you all. I want everyone over the next 7 days to fill out this chart when you are experiencing anxiety. I will explain how it should look. For example, under situation I could a girl’s hangout with some girls I know and some that I haven’t met yet. Emotions could be excited, yet nervous to meet people because I am not from Calgary and really want more friends. Under thoughts, “They won’t like me because I am not as successful or outgoing as they are” “They probably won’t even care if I go or not” Bodily sensations are feeling sweaty, increased heart rate and breathing. Behaviour is that I avoid going because I don’t know anyone so I avoid it and stay home to watch TV. Negative impact on my life is that now I feel even lonelier because I didn’t go out. I would like everyone to enter at least 4 until we meet next Wednesday. Does everyone understand the homework?*

**Debrief, questions, and goodbyes (5 minutes)**

*Thank you everyone for coming today to our first session. It has been really wonderful and I am looking forward to seeing everyone again next week. Before we go would anyone like to share anything they found interesting or any common themes that came across this session? How does everyone feel after today’s session?*

*Does anyone have any questions before we go? And remember I do stay after group if anyone needs to chat. Have a good night.*

**Session 2 (90 minutes)**

**Learning about our cognitions and how to restructure them**

This session is designed to gain an understanding of cognitive restructuring. Now that participants know that their thoughts coincide with their emotions and behaviours, we will take it to the next level too begin to identity these thoughts as maladaptive.

**Session Goal:** To increase participant’s awareness on cognitive distortions and how they affect their thoughts, emotions, and behaviours (Corey, 2013).

**Session Objective:** Participants will identify cognitive distortions and maladaptive thoughts such as, overgeneralization, personalization, dichotomous thinking, etc. (Beck & Weishaar, 2014).

**Session Materials:**

* White Board
* White Board Markers
* Duct tape for ice breaker
* Blank paper for activity
* Handouts (see Appendix)
* Pens/ Pencils/Markers
* Folders for participants
* Snack

**Agenda:**

1. Welcome and check-ins
2. Ice Breaker
3. Review Homework
4. Learning Component on Cognitive Distortions
5. Activity on Cognitive Distortions
6. Break
7. Story and Reflection
8. Explain Homework
9. Goodbyes

**Welcome and check-in (5 minutes)**

The facilitator will do a group welcome and check-in with all participants to see how their week has been and if there was anything they would like to share or mention before we start. We will also do a quick review of last week’s session and review what today looks like as well as what to expect in the following weeks as well before our ice breaker. For example:

*Hi everyone. Welcome back. I am happy to see everyone and am looking forward to today’s session. I just wanted to do a quick review of last week before we start chatting. First we learned what CBT was and how we will start to use it in group, we discovered that our thoughts, emotions, and behaviours are all connected, and how we cope with these thoughts and feelings sometimes lead us to using safety behaviours. Does anyone have anything else to add or reflect on from last week’s session? Today we are going to learn about maladaptive cognitive or thoughts and how they are affecting our decisions and emotions. This session and the next will focus on our thoughts and our last 3 sessions I will be tying in how our behaviour is tied in as well as lots of role-playing, body relaxation techniques, skills building, and modeling. Ok Before we start let’s check-in with everyone quickly. Derek, can we start with you and in a circle from there?*

**Ice Breaker (10 minutes)**

Similar to the first session, group will begin with an ice breaker activity to be decided by the facilitator. Today we will play “Would you rather...” (Appendix I) For example:

*Alright everyone, let’s start with an ice breaker activity. For today we are going to play would you rather? If you haven’t played this game before I will read out two options to an answer, so for example, what you rather go to science class or math class and then you would pick whatever answer you prefer. The first option I read if you choose it will you stay to the right and if you pick the second answer you will go to the left. Remember there are no right or wrong answers it is all just what your preference is. Let’s begin by standing up and starting in the centre and I will begin...*

**Review Homework Sheets (10-15 minutes)**

Participants were assigned a CBT homework sheet to fill out at least 4 times during the past week. Facilitator will ask members to get out their sheets and we will reflect and review what participants wrote down. For example:

*Facilitator: Now would everyone please bring out their homework CBT sheet from last session please. We are going to talk about some of the situations we felt anxiety in and how we felt, behaved and what safety plan we used, if one was used. Would anyone like to start first? Great Mark! Thank you.*

*Mark: For one example I felt anxious about a test I had coming up. I felt nervous and not ready for it and my anxiety was really high... maybe 90%. My thoughts were that since I am not ready I am going to fail no matter how hard I studied and I felt sweaty thinking about going into the test. So I my safety behaviour was that I skipped the test and hung out with my friends that were on spare that period. The negative impact on my life is that the test is still there and I still have to write it.*

**Learning Component: Cognitive Distortions (10-15 minutes): What are the most common cognitive distortions?**

Facilitator will explain that today’s session is all about our unhealthy cognitions and how to recognize them. (Appendix J) For example:

*Facilitator: Alright everyone, I will now be handing out a sheet on cognitive distortions. I will be reading it to you all so please follow along as I begin. First thinking style on the list is “All or nothing” which is also sometimes called “Black and White thinking.” This type of cognitive distortion can led us to think in extremes leaving****no****room for gray. People who are struggling with all or nothing thinking often feel like they are either right or wrong, smart or dumb, there is no in between. An example of this distortion is thinking that “I lost this race and now I’m a failure” Next we have... continue reading sheet.*

*Facilitator: Now that we have finished reading the 10 most common cognitive distortions we are going to start an activity.*

**Activity on Cognitive Distortions (10-15 minutes)**

This activity involves each member writing on their own sheets of paper which cognitive distortions they have used and an example of a situation where they used a cognitive distortion, along with the feelings and emotions that came with it. Each participant will be asked to use 2 or 3 different distortions. Once they are done they will be asked to share with the group: For example:

*Facilitator: Please grab a piece of paper in front of you and a pen or pencil, whichever you prefer. Now using the handout in front of you as a guide, I want you all to choose 2 or 3 cognitive thinking errors that you have used recently, write it down, explain what the error is, and give an example of the situation you were in, and write down what you thought and how you felt while you thought this. I would also like you to now think of alternative thought that perhaps seems more logical and realistic to your situation. Before we start I will give you one example: The situation I was in was handing in an assignment late. My cognitive distortion is using the crucial word “Should” I should have done this assignment earlier. I shouldn’t have gone home to see my family or else this assignment would be done. I shouldn’t be taking breaks because there is no time. While I am thinking these thoughts I start to feel sad, depressed, and anxious that I will never finish it and I feel even guiltier that it is late. An alternative thought could be that it is OK that it is late. My professor knows I am handing it in and she is fine with it and I have been late and stressed on assignments before and I always finish them and do well. This is no different I will finish it and I will succeed because somehow I always push through. Now everyone please begin and I will give you all about 5 minutes to come up with 3 examples and then we will share only 1 of your examples with the class.*

**Break (10 minutes)**

*Facilitator: Let’s now take a 10 minute break and remember you are more than welcome to stay in the room and also grab a granola bar if you like. When we begin again we will start with a case study for review.*

**Case Study and Reflection (5-10 minutes)**

The facilitator will read a case study (Appendix K) about young women named Jane who suffers from cognitive distortions. Once the facilitator is done reading they will ask the class which errors she has used and why think they think are not unhelpful. For example:

*Alright well what do you guys think about Jane’s cognitive distortions? Can anyone tell me an example of one that she used? Yes- Tiffany.*

*Tiffany: Well she jumped to conclusions by mind reading... thinking that Peter was obviously just being polite to her and didn’t like her.*

*Facilitator: Ok great and why wasn’t this helpful or useful thinking?*

*Tiffany: She just assumed he didn’t like her and that’s all. She went right to mind reading and didn’t think of any other reason of why he didn’t call her.*

*Facilitator: Excellent response. Ok what were some other unhelpful thinking errors?*

Once part of the story is read (see line in Appendix K for 1st half) then the facilitator will read the second part. This part goes into detail of how Jane didn’t think of any other alternatives. It explains that one negative thought can spiral out of control leading to a vicious cycle of unhappiness.

**Explain Homework (5 minutes)**

The facilitator will hand out the CBT homework sheet, explain it and give an example of how to fill it out (Appendix L). For example:

*Facilitator: Alright everyone, here is the homework sheet for this week. As you can see it is similar to last week’s but a little different. The first column is the same: What situation are you in that you are experiencing anxiety. Next column is describing your feelings and level of anxiety. Next you are to describe your negative automatic thought(s). Then to examine the evidence that supports this thought and evidence that does not support this thought. I want you all to think of an alternative thought to your situation, and then once you do tell me if your anxiety levels have decreased, remained the same, or increased. Fill out as many rows as needed, more if you are experiencing a higher level of anxiety.*

**Debrief, questions, and goodbyes (5 minutes)**

The facilitator will run a quick debrief of what was learned this session and mention that next session we will analyze the logic behind their thoughts, identify maladaptive assumptions, and examine the validity of those assumptions. If there are any questions the facilitator will answer them and once we are finished it is time to say goodbye until next week.

**Session 3 (90 minutes)**

**Cognitive treatment techniques**

**Session Goal:** To learn how to effectively challenge cognitive distortions by using restricting techniques (Beck & Weishaar, 2014).

**Session Objective:** 1. Identity cognitive distortions and analyze the logic behind maladaptive thoughts (Beck & Weishaar, 2014). 2. Identifying and challenging negative thoughts and expectations and modifying self-talk (Connolly et al., 2011).

**Session Materials:**

* White Board
* White Board Markers
* Handouts
* Pens/ Pencils/Markers
* Folders for participants
* Snack

**Agenda:**

1. Welcome and outline
2. Ice Breaker
3. Learning component
4. Review homework and tie in homework with previous learned activity
5. Case scenario exercise
6. Explain Homework
7. Goodbyes

**Welcome and check-in (5 minutes)**

**Ice Breaker Activity (10 minutes)**

The facilitator can decide which ice breaker they would like to run.

**Learning Component: Cognitive Thoughts (15 minutes)**

Facilitator will teach participants to analyze the logic behind their thoughts, identify maladaptive assumptions, and examine the validity of those assumptions, such as testing automatic thoughts, decatastrophizing, redefining, reattribution, ect.

**Review homework and tie in homework with previous learned activity (25-30 minutes)**

Participants (with the help of the facilitator) will review homework and together will analyze negative automatic thoughts and examine them to test validity and all share their new alternative thoughts / solutions within the group.

**Case scenario exercise (15 minutes)**

Facilitator will read a case scenario and participants will identity the person’s negative automatic thoughts, test the validity behind them and come up with cognitive treatment techniques to explore the meanings behind their thoughts and come up with more logical thoughts.

**Explain homework (10 minutes)**

Facilitator will teach STOP acronym. This helps students identify when they are anxious or Scared (S). Then to identify the Thought(s) (T). Next, modify and restructure anxious thoughts by developing Other coping cognitive strategies (O). Finally, Praise and reward themselves on challenging and confronting their fears (P) Students will fill out a homework sheet based on this acronym (James et al., 2018).

**Debrief, questions, and goodbyes (5 minutes)**

During this time participants will complete a quick Group Cohesion Survey (Treadwell et al., 2000).

**Session 4 (90 minutes)**

**Behavioural restructuring using mindfulness and somatic management**

This session is designed to teach participants about mindfulness, mediation, and muscle relaxation exercises. The facilitator will lead each exercise.

**Session Goal:** To learn when your body is having a somatic reaction and what to do when it happens (Kley, et al., 2012).

**Session Objective:** Participants will learn how to use muscle relaxation, diaphragmatic breathing, relaxing imagery, and meditation (Connolly et al., 2011).

**Session Materials:**

* White Board
* White Board Markers
* Handouts (see Appendix)
* Pens/ Pencils/Markers
* Folders for participants
* Yoga mats for inside
* Towels to sit on outside
* Computer and speakers for videos
* Projector
* Cell phone to use for Head Space App.
* Snack

**Agenda:**

1. Welcome and check-ins
2. Ice Breaker
3. Review Homework
4. Learning Component on diaphragmatic breathing with practice
5. Learning Component on progressive muscle relaxation with practice
6. Break
7. Learning Component on meditation
8. River meditation
9. Explain Homework
10. Goodbyes

**Welcome and check-in (5 minutes)**

The facilitator will check in with the participants to see how they are doing and how their week has been.

**Ice Breaker (10 minutes)**

The facilitator will lead an ice breaker activity called “Desert Island”. The facilitator will ask participants this and also write it on the whiteboard: If you were dropped off on a deserted island for the weekend what 3 items would you bring with you besides a boat? For example:

*Facilitator: Alright everyone, you have a minute to think about it and then we will go around and share what 3 items and I will go first. First I would bring a sleeping bag so I could lie on the beach but also be warm at night. Secondly, I would bring a book since I haven’t read for pleasure lately. Finally, I would bring a combination of bug spray and sunscreen to protect myself. Would anyone like to go next?*

*Facilitator: Yes Richard. Thank you.*

*Richard: I would bring my phone, a tent, and peanut butter.*

*Facilitator: Thanks Richard. Ok Sarah you’re up next.*

**Review Homework (10 minutes)**

The participants will take out their homework sheet and each give an example of when they used the STOP acronym when they were faced with anxiety in the past week. For example:

*Tiffany: Well I felt anxious when I had to sign up for a presentation in English class. I identified my negative thoughts as jumping to conclusions because I pictured myself messing up my presentation and everyone laughing at me. So I took action and changed my thoughts to more logical one’s by knowing that I haven’t ever messed up a presentation and that my teacher said if I continue to be nervous I can always do my presentation at lunch. I praised myself by changing my negative thoughts and for also talking to my teacher.*

*Facilitator: Thank you for sharing Tiffany. It sounds like you really developed two coping strategies by examining your thoughts and also talking to your teacher. Great job. Ok Derek you are up.*

**Learning Component on diaphragmatic breathing (5 minutes)**

The facilitator will explain what diaphragmatic breathing is and lead a 3-4 minute breathing exercise from Youtube. The Youtube video explains what it is as well. For example:

*Facilitator: Now we are going to start one of our first breathing exercises called diaphragmatic breathing. Diaphragmatic breathing uses the diaphragm to pull air in and push air out from your lungs. It mains benefit is that it decreases your breathing rate by decreasing the demand of oxygen. Let’s get onto our yoga mats and practice this exercise.*

https://www.youtube.com/watch?v=0Ua9bOsZTYg

**Learning Component on progressive muscle relaxation (10 minutes)**

The facilitator will explain what progressive muscle relaxation is and lead a 6 minute breathing exercise. For example:

*Facilitator: Now let’s move onto one of my favourite breathing exercises that I find particularly helpful in reducing anxiety. Progressive muscle relaxation teaches you how to relax your muscles. Many of us are so tense during the day that we don’t even recognize what being truely relaxed feels like. Muscle relaxation involves tightening a particular group of muscles at a time. Let’s say for example for hands. You will breathe in and hold your breath while squeezing your hands for 5-10 seconds and release. Let’s watch a video again on this. This time we will stay in our chairs while we do it.*

https://www.youtube.com/watch?v=9x3tl81NW3w

**Break (10 minutes)**

The facilitator will ask students to download the App. Headspace on their phone during break. This App. is free and takes a few minutes to download.

*Facilitator: Let’s take a 10 minute break and we will come back and learn about meditation. You are also welcome to help yourself to a granola bar and stay in the room if you wish. Please during this time download Headspace from your App. store as we will be using this App. when you are back.*

**Learning Component on meditation (5-10 minutes)**

The facilitator will put a YouTube video on that verbally and visually describes what meditation is. This video is especially great in relating to anxiety and negative thoughts. After the video the facilitator will ask participants what their definition of mediation is and what they thought of the video. For example:

https://www.youtube.com/watch?v=CmhkmLFc74E

*Facilitator: Alright what did everyone think of the video? Yes Kate?*

*Kate: I liked the graphics when it explained what meditation was. It gave me a better idea of what it is and how easy it is to use it, especially when we feel anxious.*

*Mark: I agree I think that it gave examples of people feeling anxious and how that most people have negative thoughts and that just being in the moment is hard but with practice we can be mindful and meditate.*

**River meditation (15-20 minutes)**

The facilitator will now take the participants to the Elbow River, which is located right behind the school (about a two minute walk). Note: If this session is not located at St. Mary’s High School, the facilitator can take the participants outside if applicable. If outside does not suit the needs, stay inside the room. For example:

*Facilitator: Please grab your towels, jacket, cell phone, and head phones. We will now walk together to the river and set up our towels to begin our meditation.*

Once at the river the facilitator will instruct participants to lay out their towel, sit comfortably, put in your headphones, and start with session 1 for this meditation exercise. This guided exercise is only 10 minutes long. For example:

*Facilitator: Please find a comfortable place where you would like to sit. Then once you are comfortable please turn on session 1 of Headspace and follow the meditation instructions. This will take about 10 minutes and within 5 minutes after the meditation is over please come to the bridge so we can all walk back together.*

**Explain Homework (2 minutes)**

The facilitator will ask students to continue using Headspace everyday for the next 7 days. Each session is only 10 minutes long. Students will write on a blank piece of paper in their folders on when they meditated and how they felt after.

**Debrief, questions, and goodbyes (5 minutes)**

Before students leave they will complete the Penn State Worry Questionnaire before and after somatic management skills. This is composed of 16 quick questions on anxiety rated from a scale of 1 to 5. This will assess how students are feeling after their relaxation breathing exercises and to also assess how they have been feeling over the past 4 weeks in CBT.

**Session 5 (90 minutes)**

**Exposure Therapy**

**Session Goal:** To learn how to confront anxious thoughts and fears and increase social confidence (Connolly et al., 2011).

**Session Objective:** 1.To use anxiety-arousing stimuli in combination with somatic skills to produce a coping template for the student as their anxiety decreases using these strategies (Compton et al., 2004). 2. To use modeling and role playing in a collaborative effort to facilitate problem-solving skills and to stop using behavioural avoidance (Compton et al., 2004).

**Session Materials:**

* White Board
* White Board Markers
* Handouts
* Pens/ Pencils/Markers
* Folders for participants
* Projector
* Snack

**Agenda:**

1. Welcome and check-ins
2. Ice breaker
3. Review homework
4. Case scenario / photo exercise
5. Break
6. Introduction to role playing
7. Review SMART goals
8. Explain homework
9. Goodbyes

**Welcome and check-in (5 minutes)**

**Ice Breaker Activity (10 minutes)**

The facilitator can decide which ice breaker they would like to run.

**Review homework (10-15 minutes)**

Participants will discuss how the Headspace mediation worked for them the past week. The facilitator will check their journal and participants will say the positives and negatives they felt.

**Case scenario / photo exercise (30-35 minutes)**

The facilitator will put up anxiety provoking photos along with a case scenario (mainly social situations) that goes with the photo. For example: A scenario on a student picking groups for a presentation and this student can’t find a group. Once the facilitator reads the scenario along with displaying the photo students will get in groups of two to discuss how the student is probably feeling, their thoughts, their possible behaviours / safety behaviours, and come up with a plan cognitively and behaviourally to help this situation. Once participants discuss in their groups, one member will share with the others. The facilitator will display about 5 to 6 photos depending on time.

**Break (5 minutes)**

**Introduction to role playing (5 minutes)**

The facilitator will explain the concepts of role playing with group and how beneficial it is to practice the coping skills we have learned thus far. The facilitator will tell the participants that next week we will be role playing in anxiety provoking situations.

**Review SMART goals (10 minutes)**

The facilitator will explain SMART goals to the participants and an example of how it is used

**Explain Homework (5 minutes)**

In participants’ workbooks they are to come up with at least two short term SMART goals they can do throughout the week before the final group session.

**Debrief, questions, and goodbyes (5 minutes)**

**Session 6 (90 minutes)**

**Role Playing and Relapse Prevention**

**Session Goal:** To learn how to role-play in anxiety provoking situation by using by cognitive and behavioural strategies.

**Session Objective:** 1.To practice anxiety provoking role playing, such as joining a club, talking to a teacher about a test, or initiating conversations with peers. 2. To practice problem solving by generating several potential solutions for anticipating challenges and generating a real plan ahead of time (Connolly et al., 2011).

Note: Preparation of termination is planned and discussed (Beck & Weishaar, 2015).

**Session Materials:**

* White Board
* White Board Markers
* Handouts
* Pens/ Pencils/Markers
* Folders for participants
* Bowl or hat
* Projector
* Snack

**Agenda:**

1. Welcome and check-ins
2. Review homework
3. Role playing exercise
4. Break
5. Preparation of termination and reflections
6. Goodbyes

**Welcome and check-in (5 minutes)**

**Review homework (10-15 minutes)**

Participants will share how SMART goals worked for them this week.

**Role playing exercise (25-30 minutes)**

Students will get in groups of two and draw a case scenario from a bowl and work with their partner on how to best work out this anxiety related situation. Once they discuss with their partner they will act out their solution to the group.

**Break (10 minutes)**

**Preparation of termination and Reflections (15-20 minutes)**

Participants’ will review what tools and techniques they can use in the future to cope with anxiety and reflect on what they have learned and how they believe their coping skills are now compared to the beginning of group.

**Goodbye and Check-out (15 minutes)**

Hand out feedback form (Appendix M) and have students complete the Spence Children’s Anxiety Scale (SCAS) that students first completed before entering the program and review differences.

Once this is complete have students each write praise notes / positive words to each member of the group. Allow for extra time as this is the last session and ending may be hard for some.

**Evaluation**

Cognitive behavioural group therapy is the chosen intervention used for conducing therapy to adolescents suffering from anxiety because of its many established benefits. Research shows that CGBT is an effective treatment for adolescents with mood and anxiety disorders as group therapy alleviates the stigma around mental illness (David-Ferdon & Kaslow, 2008). However, most research established showed success in CBGT within 12 sessions; however this manual was adapted and condensed into 6 sessions. Evaluation of this program is an extremely important tool for future use and future recommendations. To evaluate this 6 session group the facilitator will compare initial questionnaires and interviews administered in the pre-screening sessions with final questionnaires administered during the final group session. Feedback is always welcome at the end of every session during the debrief portion of the period as well as an assessment of group cohesion. The facilitator will be mindful and respect all members’ feedback throughout the group process and adjust as needed. It is also important that the facilitator have a mentor during this process to have someone know the material as well and to have someone to debrief with. Further research is needed in order to establish the benefits of 6 sessions.

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Appendix A: Group Goals, Objectives, Themes, and Evaluation

|  |  |  |  |
| --- | --- | --- | --- |
| **Group Goals** | **Related Objectives** | **Session Theme(s) to Address the Goals & Corresponding Objectives** | **Measurement of the Goal & Corresponding Objectives** |
| To recognize what anxiety is and how the participants experience it (Kumara & Kumar, 2016)  To recognize how our thoughts and cognitions influence our mood (Kumara & Kumar, 2016)  To recognize anxious feelings and somatic and/or bodily reactions (Kley, et al., 2012) | Students will recognize common cognitive distortions they face and how it has affected them so far.  To identify how cognitive distortions affect members mentally, physically and behaviourally as well such as, forgetting, sweating, rapid heart beat, skipping school, ect. (Kumara & Kumar, 2016) | **Session 1: Theme:** Building trust and cohesion in group.  **Theme:** Education on anxiety through insight with a focus on past and present experiences (Kottler & Englar-Carlson, 2015). | Participation in ice breaker activity.  Students are assigned homework at the end of the first session. Homework is directed at recognizing connections between thoughts, feelings, and behaviour. Students will record and monitor their thoughts when distressed (Beck & Weishaar, 2014). |
| To increase student’s awareness on cognitive distortions (Corey, 2013)  To learn how to effectively challenge them using cognitive restructuring techniques (Beck & Weishaar, 2014). | Students will identify cognitive distortions and maladaptive thoughts such as, overgeneralization, personalization, dichotomous thinking, etc. (Beck & Weishaar, 2014).  Identifying and challenging negative thoughts and expectations and modifying self-talk (Connolly et al., 2011).  Students will analyze the logic behind their thoughts, identify maladaptive assumptions, and examine the validity of those assumptions, such as testing automatic thoughts, decatastrophizing, redefining, reattribution, ect. (Beck & Weishaar, 2014). | **Sessions 2 & 3: Theme:** Cognitive restructuring. Students will begin to identify maladaptive thoughts (Corey, 2013).  Introduce CBT techniques to recognize and cope with anxious thoughts (Beck & Weishaar, 2014). | Students will engage in activities that look at common adolescent cognitive distortions, such as “No one likes me” or “I am a failure” and work on the cognitive techniques they have learned to reinterpret these automatic thoughts. Through this activity students will be able to recognize and identity the cognitive distortion, evidence for the thought, and develop a more realistic thought based on the evidence.  Students will learn the STOP acronym. This helps students identify when they are anxious or Scared (S). Then to identify the Thought(s) (T). Next, modify and restructure anxious thoughts by developing Other coping cognitive strategies (O). Finally, Praise and reward themselves on challenging and confronting their fears (P) (James et al., 2018)  At the end of the session students will complete a quick 25 question Group Cohesion Scale test which rates on a scale from 1 to 4 group cohesion and interaction. This is available online and it is free (Treadwell et al., 2000). |
| To learn how to self-monitor anxious thoughts by recording with in a journal (Kley, et al., 2012)  To learn when your body is having a somatic reaction and what to do when it happens (Kley, et al., 2012). | Practice proper behavioural techniques to modify automatic thoughts.  To understand that behavioural techniques such as, muscle relaxation will foster cognitive change by calming the nervous system as well as the mind (Beck & Weishaar, 2015).  Learn how to use muscle relaxation, diaphragmatic breathing, relaxing imagery and meditation (Connolly et al., 2011). | **Session 4: Theme: Behavioural restructuring.** Somatic reactions and somatic management skills training (Connolly et al., 2011). | Students will participate in a variety of exercises such as, diaphragmatic breathing, relaxing imagery and meditation.  Students will complete the Penn State Worry Questionnaire before and after somatic management skills. This is composed of 16 quick questions on anxiety rated from a scale of 1 to 5 and free online.  Students will download the mediation HeadSpace App. which is free for the first 10 sessions and guides first time users on how to mediate and relax. |
| To learn how to confront anxious thoughts and fears by using imaginal and live exposure with gradual desensitization to feared situations (Connolly et al., 2011).  Increase members social confidence through social skills training | To use anxiety-arousing stimuli in combination with somatic skills to produce a coping template for the student as their anxiety decreases using these strategies (Compton et al., 2004)  To use modeling and role playing in a collaborative effort to facilitate problem-solving skills and to stop using behavioural avoidance (Compton et al., 2004) | **Session 5: Theme: Behavioural therapies.** Exposure therapy and social skills training (Beck & Weishaar, 2015). | Review homework for SMART goals |
| To practice how to use coping strategies learned (both cognitive and behavioural)  Identify when cognitive and behavioural strategies are needed to prevent relapse | To practice anxiety provoking role playing, such as joining a club, talking to a teacher about a test, or initiating conversations with peers.  To practice problem solving by generating several potential solutions for anticipating challenges and generating a real plan ahead of time (Connolly et al., 2011).  To reflect on personal growth, education, and maintenance of gained strategies to use in the future | **Session 6: Theme:** Role playing and relapse prevention strategies (Compton et al., 2004)  Preparation of termination is planned and discussed (Beck & Weishaar, 2015). | Complete the Spence Children’s Anxiety Scale (SCAS) that students first completed before entering the program and review differences. |

Appendix B: Informed Consent Form

**Informed Consent on Anxiety Group Therapy**

Welcome to the St. Mary’s Calming the Mind Group. Engaging in this counselling group takes a lot of courage and provides you with the opportunity to not only learn about yourself but also meet others like yourself as well. It is important to understand what counselling is, what we will do in sessions, our goals, and group will run. Please read through the following material and please ask me through email or directly if you have any questions or concerns.

**Professional Disclosure**

I hold a Bachelors Degree in Sociology and Psychology and in Education. I am currently working on my Master’s Degree in Counselling Psychology at the University of Calgary. I will be supervised by Leah Moore, the head of counselling at St. Mary’s.

**About Group Counselling**

The St. Mary’s calming the mind group is designed for Mary’s students from the ages of 14 to 18 who are struggling with generalized anxiety disorder. We participate in group starting October 10, 2019 from 3:45 to 5:15 (90 minutes) every Wednesday for six weeks.

There are no fees associated with joining this group. The only thing we require is a commitment to these six sessions. You are free to discontinue group if you feel like it is not right for you. This group has three main goals, education on anxiety, cognitive coping strategies, and behavioural coping strategies. Through these six weeks approximately 6 to 8 students, including yourself will identify maladaptive cognitions and learn how to deal with them in a healthy, safe way. Groups are a great way to work with others students who are suffering from many of the symptoms you have.

**Risks and Benefits**

Counselling is very different than sharing your feelings with a friend or family member. Each session in therapy consists of goals, techniques and procedures that we will complete as a group. Learning about yourself will be empowering but will also come with challenges. If you feel an increase in anxiety or depression please let me know as well as your guardians and/ or family doctor.

**Confidentiality with your Counsellor**

If you are a minor (between 0-18 years old) and not deemed a mature minor it is important that you and your guardian(s) understand the limits of confidentiality.

I will not discuss with anyone else what is disclosed in our counselling sessions, this includes, staff at St. Mary’s, friends, or family members. It is also expected you do not disclose to anyone else what is said in counselling or who else is in it. To remain a cohesive, safe group, confidentiality will be held in the highest regard.

However, I will break privacy if you are:

* In harm or danger of hurting yourself or others
* Disclosure of abuse or neglect
* Involved in criminal activities

**Your File and Information Storage**

A file will be started once you are accepted into group. This will include your intake form, consent to release information, consent to participate, and case notes. Information will be held in locked cabinets in the counselling department and will be shredded after 10 years.

**Client Consent to Counselling**

I have read the informed consent form on group anxiety and have taken the time to consider joining the St. Mary’s Calming the Mind Group. (initial)

I have read and understood the limits of confidentiality and privacy (initial)

I will do my best to make it to every session and will reach out to my counsellor if I am unable to attend a session or want to drop out (initial)

I agree to enter in counselling under the conditions outlined (initial)

Client Name Signature Date

Counsellor Name Signature Date

Appendix C: Announcement

**ARE YOU FEELING ANXIOUS?**

**Increased heartrate or sense of panic?**

**Difficulty concentrating? Nervous in social settings?**

**Having trouble sleeping?**



Be in control of your life & join the St. Mary’s Calming the Mind Group

We will discuss psychoeducation, positive coping strategies, test and school related anxiety and much more



Where: St. Mary’s High School River Room

When: Every Wednesday for six weeks starting October 10, 2019

Time: 3:45-5:15

If you are interested contact:

Ms. Elker: [Kelly.elker@ucalgary.ca](mailto:Kelly.elker@ucalgary.ca)

Appendix D: Pre-Screening Questionnaire



Thank you for your interest in the St. Mary’s calming the mind group. Please take a few moments to complete this questionnaire.

Name: fdffdfd Tidandds

Age and Birthday:

Email:

Grade:

Homeroom Teacher:

Diagnosis and Date of Diagnosis:

Medications:

How has anxiety affected you? School? Family? Friends? Work?

How do you cope with your anxiety?

Name 3 “Go-To” People that you would go to for support and why?

1.

2.

3.

Do you miss school because of your anxiety? Please circle the correct answer below.

1. Yes, at least once a week
2. Yes, once every two weeks
3. Sometimes, but only once or twice a month
4. Not often, once few months
5. Never

What, if anything, triggers your anxiety?

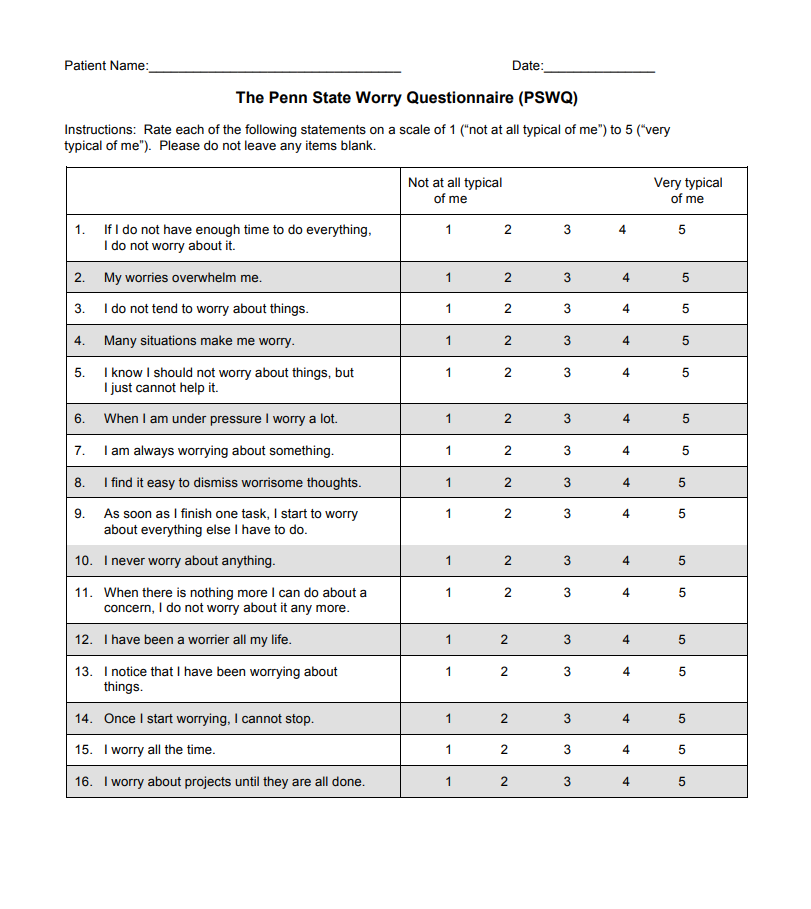
What are you hoping for out of this group?

What aspects of anxiety do you struggle with the most?

Are you involved in any St. Mary’s school activities or clubs?

Is there anything else you would like us to know?

Appendix E: The Penn State Worry Questionnaire



Appendix F: IF Ice Breaker

“IF” Ice Breakers

1. If you could go anywhere in the world where would you go?
2. If you won 10,000 dollars what would you spent it on?
3. If you could meet any celebrity who would it be?
4. If you could learn another language what would it be?
5. If you could have any pet what would it be?
6. If you could watch your favourite movie right now what would it be?
7. If you could buy any car right now what would you buy?
8. If you could have your dream job what would it be?
9. If you could eat your favourite food right now what would it be?
10. If you could go anywhere in Canada where would you go?

Appendix G: Session 1 Information Package

What is Cognitive Behavioural Therapy?

Cognitive behavioural therapy is an evidence based theory that maintains that people respond to life events through a combination of cognitive (thoughts), affective (feelings), motivational, and behavioural responses.

It is based on the idea that the way people make sense of their situations influences how we behave and feel emotionally.

When we misperceive situations – for example, by seeing them more negatively then they really are – we make ourselves anxious or unhappy for no good reason. Misinterpretations of situations or sensations and negative expectations make just anxious without serving any useful function. In contract, by seeing situations more objectively and rationally, we experience a substantial shift in thinking, mood, and behaviour.

In anxiety, there is a cognitive shift towards selectively interrupting themes of danger.

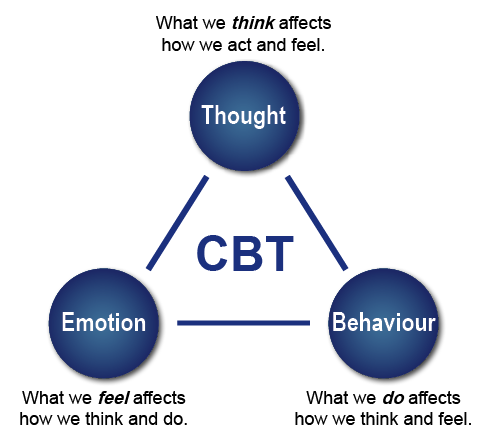
People’s thoughts are tested as a hypothesis

The goal of therapy is to help people identify unhelpful thought processes and to learn new ways of thinking.

The basic premise of CBT is:

* What you think (cognitive)
* Determines how you feel (both physically and emotionally)
* Which affects what you do (the behavioural part)

The model creates a circle affect which is all connected… see model below



Try it to understand it

Now that we have the definition of CBT, let’s try and get you to do something that will give you a better idea of the effect of cognitions…

Try it now!

Think of a situation recently where things didn’t go so well for you. Perhaps you made a mistake on a test, had a disagreement with a friend, or forgot missed that last shot on net on your sports team. Write down below what you recall of the thoughts you had about this time. For example, “I am never going to do well at chemistry”, “No one ever sees my side of the story”, “Everyone thinks I suck. Why am I even on this team?”

How did these thoughts make you feel? Sad, frustrated, depressed? What about physically? Did you feel your heart rate go up? Did you feel tired or drained? Did you start to sweat?

What did you do as a result of this situation? Did you skip class or avoid your friend or teammates?

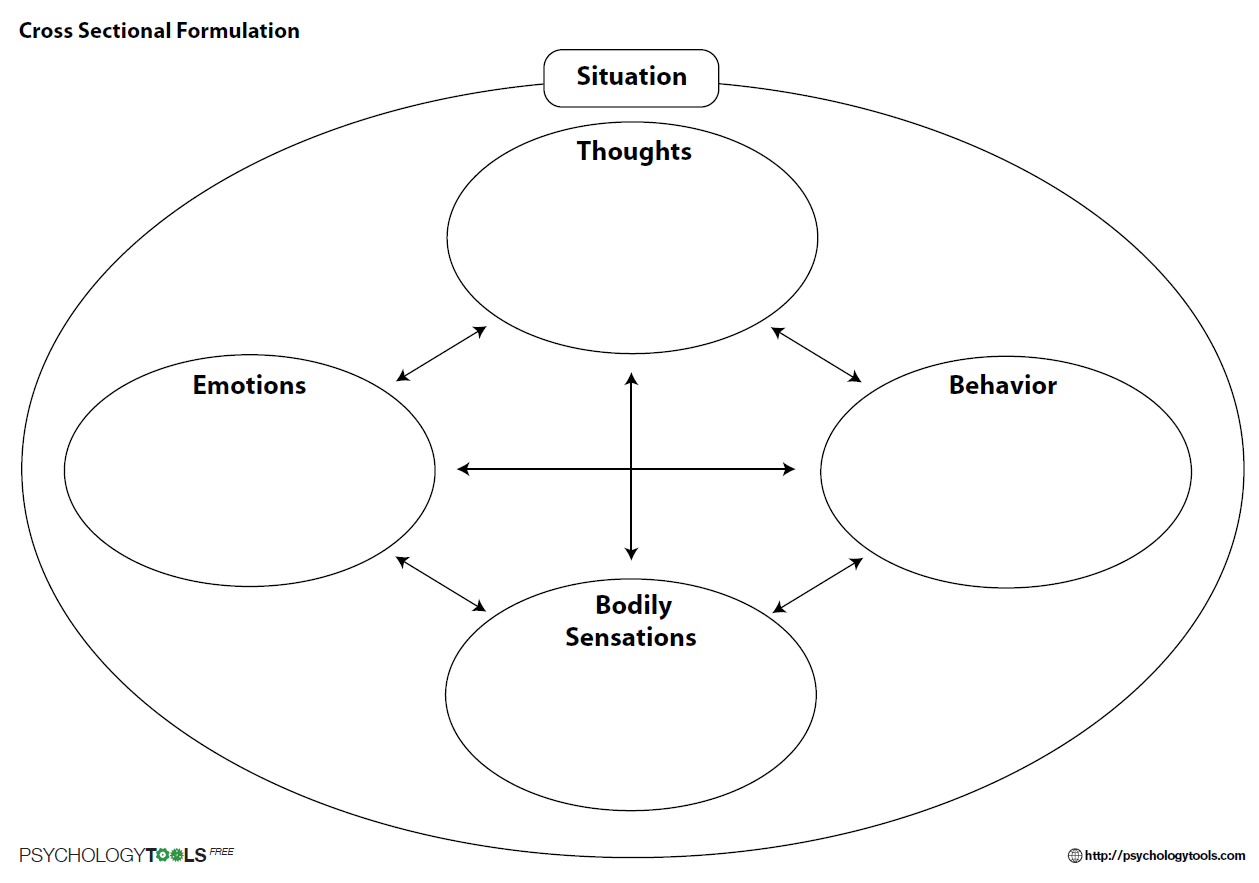
Try it now!

Now think of a situation that was a happy one. Perhaps you achieved something you had been working on, received an award or compliment, or enjoyed a social event. Again write down your thoughts about this situation as you recall them. For example, perhaps you thought you were smart for achieving this goal, or that you are a funny person and that people like to be around you, or life was good being around good people.

How did these thoughts make you feel? Happy, excited, joyful? Again physically – energized, sense of calmness in your body?

Write down any behaviours during this time? Did you chat with more people at this social event? Did you study and ask more questions for future tests?

What connection can you make between thought, feelings and actions?



Understanding the Connnections

When you take a closer look at your thinking it becomes easier to see that if your thoughts are negative then how you *feel* will also be negative. You might notice unpleasant physical symptoms, such as, sweating, shortness of breath, red, flushed face, or feeling of tiredness and you may have negatively reacted as well, such as avoidance, procrastination, distraction with games, phone or TV, or using drugs or alcohol.

However, if you had positive, happy thoughts about an event or situation you most likely felt, cheerful, upbeat, and physically energized, and exhibited positive behaviours, such as enrolling in another class because of felt confident in your ability, joined a club or sport, or socialized with someone new or something as simple as smiling or laughing.

Connections in Graphical Terms

Event or Situation

↓

Negative Thoughts

**↓**

Create negative emotions

**↓**

Create negative physical sensations

**↓**

Creating likely negative behaviour

**↓**

Leading to negative outcome

Safety Behaviours

Safety behaviours are chosen actions that are carried out to protect yourself from the emotion of fear, and the catastrophes you worry about.

Safety behaviours are compelling because they provide you with immediate benefits. They reduce the feeling of danger in the short term. For example, with anxiety, an invitation to go to a party with a new group of friends may sound fun but the fear of not knowing anyone, or standing alone may cause you to decline the invitation, thereby avoiding (safety behaviour) all perceived threats that come with it, and feel better. If you decide to go to the party, you might take precautions (safety behaviours). You could go to the party, and be on your phone the whole time and not engage in any conversation, hide in the washroom, or smoke weed or drink alcohol to loosen up.

There are two types of safety behaviours: avoidant and approach. With avoidant safety behaviours, you are avoiding or delaying fear. This coping behaviour is very appealing because you get an immediate decrease of anxiety. With approach safety behaviours, you engage in the anxiety provoking situation, but you use strategies that prevent you from learning how to deal with your anxiety.

The problem with safety behaviours is that you never learn anything. You never learn whether the situation will actually cause you harm. You never learn to tolerate uncertainty. You never learn to trust your judgment.

Using safety behaviours causes you to avoid or reduce the threat, reduce anxiety, while no learning takes place, and before you know it the threat reappears and this repeats itself.

Common Safety Behaviours

**Avoidance: Situational:** Staying away from activities, places, or people and things that trigger your anxiety. **Cognitive:** Suppressing thoughts or memories with fantasies, binging on TV or video games or drugs and alcohol.

**Excessive reassurance seeking:** Seeking approval or getting opinions is excessive – as in asking multiple times in order to counteract the anxiety that your worry generates.

**Procrastination:** Putting off a feared experience as a way to delay worrying.

**Checking and Double-checking:** Constantly checking to feel less anxious – for example, checking to see if someone is OK, or checking to see if the door is locked.

**Perfectionism:** Eliminating uncertainty and mistakes by doing everything flawlessly and overworking to avoid errors.

**Drugs/ alcohol/other medications:** Using drugs or alcohol to try and mute anxiety.

Appendix H: Session 1 Homework Sheet

**CBT Homework Sheet 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Situation** | **Emotions / Feelings and Level of Anxiety (0 to 100)** | **Thoughts** | **Bodily Sensations** | **Behaviour / Safety Behaviour** | **Negative Impact on your life** |
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Appendix I: Would you rather? Ice Breaker

Would you rather...?

Would you rather watch TV or listen to music?

Would you rather own a spider or a snake?

Would you rather be invisible or be able to read minds?

Would you rather be hairy all over or completely bald?

Would you rather always be cold or always be hot?

Would you rather fight 100 duck sized horses or 1 horse size duck?

Would you rather be the clown that distracts the bull or the cowboy who rides the bull?

Would you rather fart every time you laugh or burp every time you cry?

Would you rather be constantly itchy or constantly sticky?

Would you rather shout all the time or whisper all the time?

Would you rather eat a whole jar of mayonnaise or a whole tub of butter?

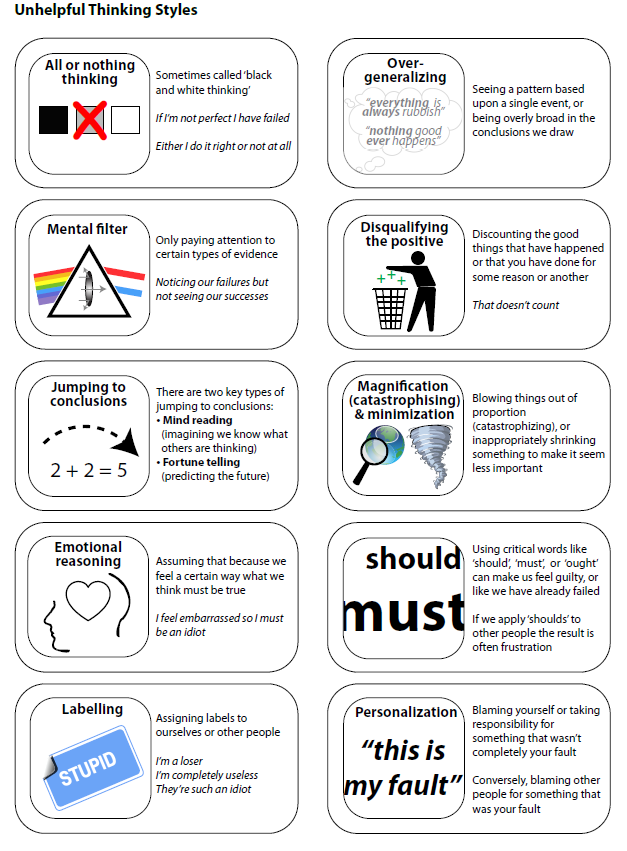
Would you rather be a member of the Kardashian family or a member of the Obama family?

Would you rather sneeze all the time or have hiccups all the time?

Would rather be able to speak to animals or every language in the world?

Would you rather be in your pajamas or a suit all day?

Would you rather explore space or the ocean?



Appendix J: Unhealthy Cognitions Sheet

Appendix K: Case Study Jane

Jane, a University student, had met Peter, a University student as well, at a party given by a girlfriend who had thought that they might hit it off. At the party, once introduced, they talked easily and at length and discovered that they had a great deal in common. At the end of the evening Peter took Jane’s phone number and expressed a real interest in seeing her again and taking things further. So the disappointment Jane felt a week after their meeting when she heard nothing from Peter was acute. In Jane’s mind, it became clear to her that Peter had had a rethink. Going over the evening again and again in detail, Jane realized that she had talked far too much, had appeared silly and girlish and too obvious in her attraction to Peter. How could he possibly have been interested in someone like her? She never gets the good guys. She will never be happy, she thought. This always happens to her. He was obviously just being polite in taking her number, embarrassed because their mutual friend had encouraged him to do so. The more Jane thought about this the more depressed she became. She began to think of herself as worthless and unlovable and resolved not put herself in such a vulnerable position again, thus missing out on further opportunities to make new friends.

Not once did Jane wonder if perhaps Peter had mislaid her phone number or been caught up in business travel. It didn’t strike her that his interest had appeared quite genuine and therefore his reason for not getting in touch might also be genuine. Jane’s emotions took over and the more unhappy she became the more negative her thought became – a vicious cycle of unhappiness.

Appendix L: Session 2 Homework Sheet

**CBT Homework Sheet 2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Situation** | **Emotions / Feelings and Level of Anxiety (0 to 100)** | **Thought(s)** | **Evidence that supports this thought** | **Evidence that does not support this thought** | **Alternative thought** | **Emotions / Feelings and Level of Anxiety (0 to 100)** |
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Appendix M: Final Feedback Form

Please take a few moments to fill out this feedback form. Reflect on the last 6 weeks of this program and this will ensure future sessions continue to run successfully. This feedback form is anonymous. Thank you.

0 (not helpful at all) 1(slightly to barely helpful) 2(somewhat helpful) 3 (helpful)

4(very helpful) 5 (extremely helpful)

1. The material covered was useful:

0 1 2 3 4 5

1. The facilitator discussed my particular needs:

0 1 2 3 4 5

1. The facilitator was knowledgeable in all areas covered:

0 1 2 3 4 5

1. In the future I will use the tools and coping skills learned:

0 1 2 3 4 5

1. What did you like about this group?
2. What would you change about this group?
3. Did you feel physically and emotionally safe during this group?
4. Would you recommend this group to a friend?
5. Any other suggestions / comments / concerns?